Table 2. Analysis of the correlation between atrial conduction time and 24-hour urinary aldosterone

	tricuspid PA (ms)	Septal PA (ms)	Lateral PA (ms)	Septal PA-tricuspid PA (right ventricular conduction delay)	Laterl PA-Septal PA (left ventricular conduction delay)	Lateral PA- tricuspid PA (conduction delay between the atria)
Urinary aldosterone (mgr/day)	0.2 (0.069)	0.21 (0.050)	0.31 (0.004)	0.18 (0.099)	0.25 (0.019)	0.32 (0.003)

PP-023

Fragmented QRS and Cardio Ankle Vascular Index in Asymptomatic Hypertensive Patients

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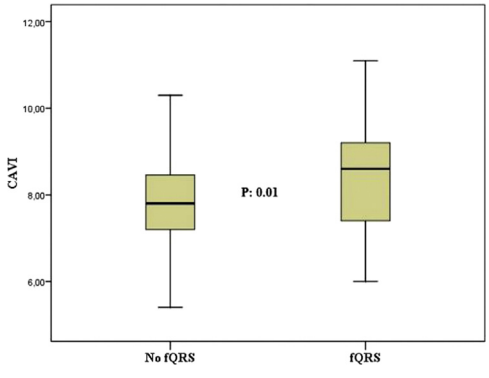
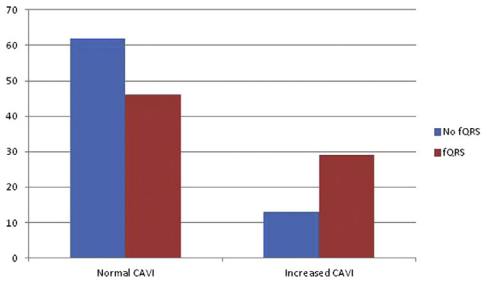
Objective: Patients with hypertension are predisposed to atherosclerosis of large vessels and are at increased risk of target organ damage and related clinical sequelae. Cardio-ankle vascular index (CAVI) is a novel parameter of arterial stiffness and surrogate marker of subclinical atherosclerosis. The aim of present study was to investigate the relation between fragmented QRS (fQRS) and CAVI in asymptomatic hypertensive subjects.
Method and Results: Seventy five asymptomatic hypertensive patients with fQRS and 75 control subjects without fQRS were enrolled. Patients with fQRS had higher CAVI values compared to those without fQRS (8.6 ± 1.4 versus 7.9 ± 1.3, p:0.01). In univariate analyse, there was significant association between increased CAVI and age (p<0.001) and fQRS (p:0.003). Multivariate binary logistic regression analyse demonstrated fQRS: [95% confidence interval (CI): 0.122 – 0,675, p:0.004] and age [95% (CI): 1.022 – 1.105, p:0.002] as the independent determinants of increased CAVI.
Conclusıon: Presence of fQRS on ECG may provide important predictive information of arterial stiffness in asymptomatic hypertensive subjects.





PP-024

Mean Platelet Volume and Abnormal Left Ventricle Geometric Patterns in Patients with Untreated Essential Hypertension

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Objective: Abnormal left ventricle (LV) geometric patterns are associated with a greater risk of hypertensive vascular complications. The mean platelet volume (MPV) reflects the platelet activity, and is associated with overall vascular mortality. Although association between MPV and LV hypertrophy in hypertensive patients has been investigated, relation between abnormal LV geometric patterns and MPV was not studied so far. The aim of the study is to investigate the relationship between MPV and abnormal LV geometric patterns in hypertensive patients.
Methods: Measurements were obtained from 223 patients with untreated essential hypertension (Mean age = 52.1±5.2 years). Four different geometric patterns (NG; normal geometry, CR; concentric remodelling, EH; eccentric hypertrophy, CH; concentric hypertrophy) were determined according to LV mass index (LVMI) and relative wall thickness (RWth). MPV, high sensitive C-reactive protein (hs-CRP) and other biochemical markers were measured in all patients.
Results: The highest MPV values were determined in CH group compared with NG, CR and EH groups (p<0.05, for all). MPV values were similar among the NG, CR and EH groups (p>0.05, for all) (Table). MPV was associated with age, glucose, hs-CRP, RWth, LVMI and LV geometry in bivariate analysis (p<0.05, for all). Age (β=0.110, p=0.033), LVMI (β=0.471, p<0.001) and hsCRP (β=0.525, p<0.001) were independent predictors of high MPV in multiple linear regression analysis.
Conclusıon: The highest MPV values were observed in CH group. This result may be associated with increased inflammation and LV hypertrophy in this geometric pattern.

Table. Comparison of baseline, laboratory and echocardiographic characteristics

Variables	NG group (n=50)	CR group (n=44)	EH group (n=42)	CH group (n=87)	P value
Age, years	52.5±4.2	51.0±4.6	51.4±4.6	52.7±6.1	0.236
MPV, fL	9.4±1.8	9.6±1.7	9.8±1.6	11.2±1.8	<0.001
Platelet count, x109/L	281.2±48.7	267.5±51.8	264.9±52.3	261.0±52.8	0.269
LVMI, g/m2	88.8±10.1	96.7±11.9	128.0±9.6	148.7±24.3	<0.001
HsCRP, mg/dl	0.80±0.31	0.83±0.33	0.88±0.36	0.95±0.34	0.075

MPV; mean platelet volume, HsCRP; high sensitive C-reactive protein, LVMI; left ventricular mass index

PP-025

The Echocardiographic Evaluation of Right Ventricular Function in Patients with Non-Dipper Hypertension

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Objective: Hypertension is a major risk factor for cardiovascular disease. The non-dipper form of hypertension is associated with progressive end organ damage. Diastolic dysfunction may increase the left ventricular end diastolic pressure leading to